# PUBLIC RECORDS ACT REQUEST

ADM-3003 (REV 3/2004)

### Instructions:

- 1. This form is used only for those requests for public records which are made pursuant to the California Public Records Act (Government Code sec. 6250 et seq.). Requests for personal information concerning employees, agents, or customers of the Department are subject to the Information Practices Act (Civil Code sec. 1798 et seq.) and should be submitted on Form ADM-0028 (Record Disclosure Request).
- 2. Use of this form by public individuals is voluntary. Public Records Act Requests may be submitted in person, by letter, email, fax or telephone. If such an alternate method has been used, this form should be completed by the person responding to the request and the original request attached.
- 3. Copies of records may be provided to the requester after reproduction costs have been paid. Instructions for determining cost and for making payment are on the reverse.

REQUESTED BY					
NAME (typed or printed)		TELEPI	HONE		
ADDRESS	CITY		STATE ZIP CODE		
REQUESTOR'S SIGNATURE		DATE			
			descriptions and broad requests		
such as "all documents relating to Interstate 5" will cause uncertainty and delay the processing of your request. Please indicate dates and location of material if known. Attach extra sheet if necessary).					
5 B	☐ WRITTEN REQUEST II	an oral request, employee completing this	form should document the conversation		
For Department Use Only: Office/Employee Responding		all oral request, employee completing this including the date and time, and attach it to			
Name	Office	9	Phone		
Date Received	Date of Response	Date Completed	Log No.		

## PUBLIC RECORDS ACT REQUEST

ADM-3003 (REV 10/2001)

FOR DEPARTMENT USE ONLY (If requester wants copies, use the space below for charges)	
RECORD SERIES	DATE OF DISCLOSURE
BUSINESS ADDRESS	BUSINESS PHONE
INFORMATION DISCLOSED	-
PURPOSE OF DISCLOSURE	
NAME (Authorized Person Releasing Information) (Please Print)	DISTRICT/DIVIISION/OFFICE
AUTHORIZED PERSON (Signature)	DATE

### RETENTION OF DISCLOSURE

According to state law, each agency shall retain this form for at least three (3) years after disclosure for which the accounting is made, or until the record is destroyed, whichever is shorter. California Civil Code (IPA § 1798.27).

## **DEFINITIONS AS USED ON THIS FORM**

Disclose - means to disclose, release, transfer, disseminate, or otherwise communicate all or any part of any record orally, in writing, or by electronic or any other means to any person or entity.

Public Records - includes any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics.

Personal Information - means any information that is maintained by an agency that identifies or describes an individual.

NOTE: There are exemptions to disclosures in Public & Personal Records. If you are not sure, check with Legal.

### **COPY COST AND COLLECTION**

The requester should pay the appropriate fee, if any, to the Cashier's Unit. Records can be released upon proof of receipt of payment. Prices are subject to change without notice.

The Cashiers Unit in Headquarters (counter) is located at 1820 Albambra Blvd., 2nd floor. A cashier is also available in each of the twelve

DESCRIPTION OF PUBLIC RECORDS	QUANTITY	COST PER UNIT	SUBTOTAL
PERSONAL RECORDS (Any Size Paper)		\$ .25 Per Page	\$
8.5" x 14" OR SMALLER, 20# COPIES		\$ .25 Per Page	\$
COLOR COPIES (Any size Paper)		\$ .59 Per Page	\$
11" x 17" REDUCED DRAWINGS (C Size)		\$ .25 Per Page	\$
Size:		\$	\$
COMPUTER DISK		\$ \$1.00 Per Disk	\$
AUDIO / VIDEO / PHOTO		Cost of outside vendor + \$7.00 shipping	\$
ENGINEERING (C-E SIZE)			
20# BOND Size:		\$ .13 Square Foot	\$
VELLUM Size:		\$ .20 Square Foot	\$
BLUELINES Size:		\$ .13 Square Foot	\$
Size:		\$	\$
MICROFILM		•	
APERTURE CARDS COPIES		\$ .63 Each Card	\$
COPIES MADE FROM MICROFILM Size: 11" X 17"		\$ 2.50 Per Sheet	\$
Size: 24" X 36"		\$ 7.50 Per Sheet	\$
PUBLICATIONS & CONTRACTOR'S PAYROLL RECORDS	SPECIAL RATES	CHECK THE GUIDELINES	\$
	•	PLEASE PAY TOTAL → →	\$
CHECK/RECEIPT NUMBER:		AMOUNT PAID:	1 *